

**TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION OF REGULATORY SERVICES
C. E. KORD ANIMAL DISEASE LABORATORY**

FOR LABORATORY USE ONLY

DATE SAMPLES COLLECTED _____

Bacteriology _____

CLINIC _____

Immunology _____

VETERINARIAN _____ **VET CODE** _____

Virology _____

STREET _____

Toxicology _____

CITY _____ **STATE** _____ **ZIP** _____

Remarks _____

PHONE (____) _____ **FAX** (____) _____

OWNER _____

Mailed _____ Telephoned _____ Faxed _____

STREET _____

Specimen: Feces-Serum-Blood-Milk-Other _____

CITY _____ **STATE** _____ **ZIP** _____

Species: _____ Breed: _____

COUNTY _____ **PHONE** (____) _____

of animals in herd: _____ # of animals tested: _____

Tests Requested: _____

Comments: _____

Tube	Identification #	Sex	Age	Lab use only	Tube	Identification #	Sex	Age	Lab use only
1					21				
2					22				
3					23				
4					24				
5					25				
6					26				
7					27				
8					28				
9					29				
10					30				
11					31				
12					32				
13					33				
14					34				
15					35				
16					36				
17					37				
18					38				
19					39				
20					40				

FOR LABORATORY USE ONLY
(Continuation Sheet)

Owner_____

[illegible]